



New Jersey Department of Environmental Protection  
Site Remediation Program

**COVER/CERTIFICATION FORM**

(Submit with Remedial Phase Report, Receptor Evaluation, and CEA Forms)

Date Stamp  
(For Department use only)

**SECTION A. SITE INFORMATION**

Site Name: \_\_\_\_\_

AKAs: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program Interest (PI) Number(s): \_\_\_\_\_

Case Tracking Number(s) for this submission: \_\_\_\_\_

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2: \_\_\_\_\_

State Plane Coordinates for a central location at the site: Easting: \_\_\_\_\_ Northing: \_\_\_\_\_

List current Municipal Block and Lot Numbers of the Site:

Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_ Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_

Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_ Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_

Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_ Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_

Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_ Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_

**SECTION B. SUBMISSION STATUS**

1. Indicate how the Electronic Data Deliverable (EDD) for this submission is being provided to the NJDEP:

☐ Via Email at [srpedd@dep.state.nj.us](mailto:srpedd@dep.state.nj.us) (attach NJDEP confirmation email); or

☐ CD (attach to this submission)

☐ Not Applicable – No EDD

2. Complete the following Submission and Permit Status Table:

		Included in this Submission	Previously Submitted	Date of Submission	Date of Revised Submission	Date of Previous NJDEP Approval	Date of Document Withdrawal
<b>Remedial Phase Documents</b>	N/A						
Preliminary Assessment Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Site Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Remedial Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Remedial Action Work Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Remedial Action Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Response Action Outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other Submissions</b>							
Alternative Soil Remediation Standard and/or Screening level Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Case Inventory Document		<input type="checkbox"/>					
Classification Exception Area / Well Restriction Area (CEA/WRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Discharge to Ground Water Permit by Rule Authorization Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

IEC Engineered System Response Action Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Immediate Environmental Concern Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
LNAPL Interim Remedial Measure Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Public Notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Receptor Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Technical Impracticability Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Vapor Concern Mitigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Application – list:	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Action Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Action Workplan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Investigation Workplan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

### SECTION C. SITE USE

#### Current Site Use: (check all that apply)

- ☐ Industrial      ☐ Agricultural  
☐ Residential      ☐ Park or recreational use  
☐ Commercial      ☐ Vacant  
☐ School or child care      ☐ Government  
☐ Other: \_\_\_\_\_

#### Intended Future Site Use, if known: (check all that apply)

- ☐ Industrial      ☐ Park or recreational use  
☐ Residential      ☐ Vacant  
☐ Commercial      ☐ Government  
☐ School or child care      ☐ Future site use unknown  
☐ Other: \_\_\_\_\_

### SECTION D. CASE TYPE: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative Consent Order (ACO)                      | <input type="checkbox"/> Landfill (SRP subject only)                          |
| <input type="checkbox"/> Brownfield Development Area (BDA)                       | <input type="checkbox"/> Regulated Underground Storage Tank (UST)             |
| <input type="checkbox"/> Child Care Facility                                     | <input type="checkbox"/> Remediation Agreement (RA)/Remediation Certification |
| <input type="checkbox"/> Chrome Site (Chromate chemical production waste)        | <input type="checkbox"/> School Development Authority (SDA)                   |
| <input type="checkbox"/> Coal Gas  | <input type="checkbox"/> School facility                                      |
| <input type="checkbox"/> Due Diligence with RAO                                  | <input type="checkbox"/> Spill Act Defense – Government Entity                |
| <input type="checkbox"/> Hazardous Discharge Remediation Fund (HDSRF) Grant/Loan | <input type="checkbox"/> Spill Act Discharge                                  |
| <input type="checkbox"/> ISRA  | <input type="checkbox"/> UST Grant/Loan                                       |
|  | <input type="checkbox"/> Other: _____   |

#### Federal Case (check all that apply)

- ☐ RCRA GPRA 2020      ☐ CERCLA/NPL      ☐ USDOD      ☐ USDOE

1. Is the party conducting remediation a government entity? ..... ☐ Yes    ☐ No  
 If "Yes," check one:    ☐ Federal    ☐ State    ☐ Municipal    ☐ County

### SECTION E. PUBLIC FUNDS

Did the remediation utilize public funds? ..... ☐ Yes    ☐ No

If "Yes," check applicable:

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> UST Grant   | <input type="checkbox"/> UST Loan                      | <input type="checkbox"/> Brownfield Reimbursement Program   |
| <input type="checkbox"/> HDSRF Grant | <input type="checkbox"/> HDSRF Loan                    | <input type="checkbox"/> Landfill Reimbursement Program     |
| <input type="checkbox"/> Spill Fund  | <input type="checkbox"/> Schools Development Authority | <input type="checkbox"/> Environmental Infrastructure Trust |

**SECTION F. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION**

Full Legal Name of the Person Responsible for Conducting the Remediation: \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

**For CEA Submissions:**

☐ Check this box if the person above is also the property owner of the site or their representative. If this person is not the site property owner, please ensure the site property owner's name and address is in the first line of the table in Section E.2 of the Classification Exception Area / Well Restriction Area (CEA/WRA) Fact Sheet Form.

**SECTION G. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT**

LSRP ID Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This statement shall be signed by the LSRP who is submitting this notification in accordance with section 14 of P.L.2009 c.60 (N.J.S.A. 58:10C-14), and paragraphs (1) and (2) of subsection b. of section 30 of P.L.2009 c.60 (N.J.S.A. 58:10B-1.3b(1) and (2)).

*I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:*

**[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:**

- ☐ *directly oversaw and supervised all of the referenced remediation, and/or*  
☐ *personally reviewed and accepted all of the referenced remediation presented herein.*

*I believe that the information contained herein, and including all attached documents, is true, accurate and complete.*

*It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.*

*My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.*

*I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.*

LSRP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LSRP Name/Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420